MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08130

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock — LENGTH OF STAY (in this place): 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hurlock
STREET ADDRESS (If rural give location): Main

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Price (Last) Beckwith

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~SINGLE~~, ~~MARRIED~~, ~~DIVORCED~~,

8. DATE OF BIRTH: 12-25-1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Section Hd

10b. KIND OF BUSINESS OR INDUSTRY: New York R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Price Beckwith

14. MOTHER'S MAIDEN NAME: Emma Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Spanish Am.

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Katie Hurst (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	10 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocardial Degeneration	5 yrs +
	(c)	

420.1
793d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-, 1950 to Aug-22, 1950, that I last saw the deceased alive on Aug-22, 1950, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE: W C Harrison — (Degree or title) MD — ADDRESS: Hurlock Md. — DATE SIGNED: 8/25/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: 8/26/50 — NAME OF CEMETERY OR CREMATORY: Washington — LOCATION (City, town, or county): Hurlock, Dor. — (State): Md

DATE REC'D BY LOCAL REG.: Aug 25-50 — REGISTRAR'S SIGNATURE: Chas W Hastings

24. FUNERAL DIRECTOR: F. A. Willoughby — ADDRESS: Hurlock 10247

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

Evidence for change of age shown on:

FILM NO. G 1 23 SEP 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08131

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Dorchester · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural · LENGTH OF STAY (in this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: River Road	STREET ADDRESS (If rural, give location): River Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	H.	Bigham	August	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 28, 1873	~~77~~ 76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foundry Worker	Foundry	Altoona, Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Bigham	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes Sp.Am.	None	Mrs. John H. Bigham, Federalsburg, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Inanition + Cachexia	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility	2 years
(c) Silicoses, grade II	40 years

522.0
91

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized severe arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/26, 1949, to 8/30, 1950, that I last saw the deceased alive on 8/30, 1950, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. W. Baker	MD	Bridgeville Del	9/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Aug. 31, 1950	Silverbrook Crematory	Wilmington, Delaware

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 31	Chas W Hastings	J. J. Frampton and Son	Federalsburg, Md.

VS. 4-6

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SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08132

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS. A17

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101 Choptank Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 101 Choptank ave.

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) J. (Last) Bryan
4. DATE OF DEATH: (Month) Aug. (Day) 21 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-1-99
9. AGE last birthday: 51 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester Co.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Thomas L. Hurst
14. MOTHER'S MAIDEN NAME: Alberty Fitzgerald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Lena Bryan, Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

2040 Immediate cause (a) Chronic Lymphatic Leukemia — 3 mos.

74a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1950, to 8/21, 1950, that I last saw the deceased alive on 8/21, 1950, and that death occurred at 3:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Burial | 8-23-50 | Cook Bros Market | Cook Bros Market Md. | 8/21/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)

DATE REC'D BY LOCAL REG. August 24, 1950 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR | ADDRESS

Kenneth R. Lowes Cambridge Md.

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AUG 28 1950
BUREAU V. S

08133

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
LENGTH OF STAY (in this place) 45 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First) Effie (Middle) Mae (Last) Colbourne
4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH April 9, 1882
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Ret. Own Home
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Craig
14. MOTHER'S MAIDEN NAME Don't Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Wilbur Colbourne (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage Right Side	12 hours
Antecedent cause(s) 442X	(b) Auricular Fibrillation	10 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(c) Arteriosclerotic Hypertensive Cardio Renal Disease	12 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1945, to 8/31, 1950, that I last saw the deceased alive on 9/30, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE Lewis B. Flemming (Degree or title) M.D. ADDRESS Preston Maryland DATE SIGNED 9/1/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 9/2/1950 NAME OF CEMETERY OR CREMATORY East New Market LOCATION (City, town, or county) East New Market, Dor. (State) Md.

DATE REC'D BY LOCAL REG. 9/1/50 REGISTRAR'S SIGNATURE E. Smith
24. FUNERAL DIRECTOR P. B. Willoughby ADDRESS East New Market, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 7 1950
BUREAU OF

08134

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Cambridge — LENGTH OF STAY (in this place): 18 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital	STREET ADDRESS (If rural, give location): 414 Truitt St. ✓

3. NAME OF DECEASED (Type or Print)	(First) ERNEST	(Middle) W.	(Last) HAMMOND	4. DATE OF DEATH	(Month) August	(Day) 8	(Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 8-3-1878	9. AGE last birthday: 72 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.	11. BIRTHPLACE (State or foreign country): RFD, Salisbury, Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Charles Quinton Hammond	14. MOTHER'S MAIDEN NAME: Henrietta Parker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Mrs. Dora Hammond, 414 Truitt St Salisbury, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	several years
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with arteriosclerosis — 2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1950, to Aug 8, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 10 20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ethel Hermann-Green	M.D.	Cambridge, Maryland	8/8/50

23. BURIAL CREMATION REMOVAL (Specify)	DATE: Aug. 10, 1950	NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park ~~Hammond Cemetery~~	LOCATION (City, town, or county) (State): Near Salisbury Md.
DATE REC'D BY LOCAL REG.: Aug. 10, 1950	REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.	24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Per. Preston Holloway	ADDRESS: 302 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

08135

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge - Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print): (First) Nellie; (Middle); (Last) Heath

4. DATE OF DEATH: (Month) August; (Day) 12; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 11, 1900

9. AGE last birthday: 50 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Rudolph

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ---
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X Immediate cause (a) Diabetes Mellitus and Nephritis (Chronic) — Interval Between Onset and Death: ?

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional Psychosis, Agitated Depression — August 1941

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1950, to August 12 1950, that I last saw the deceased alive on August 12, 1950, and that death occurred at 12:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R G Blackwelder M.D. Cambridge Md August 12, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 8-15-50 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county): Baltimore — (State) Md

DATE REC'D BY LOCAL REG.: Aug. 17, 1950

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Albert J. Peterson & Son — ADDRESS: Balto Md

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08136

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cornersville
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W (Last) HILL

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: APRIL 9, 1871

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Hill

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr. Alonza Hill- Cornersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
934 (b) Arteriosclerotic Heart Disease — Interval between onset and death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 1950, to 8/11, 1950, that I last saw the deceased alive on 8/11, 1950, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lawrence Hargrove M.D. Cambridge, Md. 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: AUG 14/50 — NAME OF CEMETERY OR CREMATORY: Cambridge Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Aug. 17, 1950

REGISTRAR'S SIGNATURE: John Mace Jr. N.A.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

VS. A15

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AUG 21 1950.
BUREAU F. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08137

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Hughes Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dor.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) 1 Hughes Street

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Travers (Last) Jackson

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1950

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 15 1885

9. AGE last birthday: 65 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours 5; Min. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Taylors Island, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Travers

14. MOTHER'S MAIDEN NAME: Elizabeth Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: James Travers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X **Immediate cause** (a) Hypertension cardiac vascular disease ?

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-, 1950, to 8-23, 1950, that I last saw the deceased alive on 8-22-, 1950, and that death occurred at 7 45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C.E. Bialdt MD 232 Cedar St. 8-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Aug. 25, '50; NAME OF CEMETERY OR CREMATORY Bethel Cemetery; LOCATION (City, town, or county) Cambridge; (State) Md

DATE REC'D BY LOCAL REG. Aug. 25, 1950

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR Herbert M. St. Clair Jr.; ADDRESS Camb., Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1950
BUREAU F. S

08138

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Drochester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 Race Street	STREET ADDRESS (If rural, give location) 125 Race Street

3. NAME OF DECEASED (Type or Print)	(First) ANNIE	(Middle) INSLEY	(Last) JONES	4. DATE OF DEATH	(Month) AUG (Day) 18 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 31, 1869	9. AGE last birthday 81 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John H. Jones		14. MOTHER'S MAIDEN NAME Elizabeth Insley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. B. R. Todd			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	4 yrs
	(c) Senility	

331X
83a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no	(CITY OR TOWN) no (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? no	

22. I hereby certify that I attended the deceased from Sept 1, 1947, to Aug 18, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE Gilbert E. Meekins (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 8-18-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8/20/50	NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park	LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. August 19, 1950	REGISTRAR'S SIGNATURE John Mace, Jr. M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service	ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
AUG 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08139

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (In this place) entire life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Manuel (Last) Lowe Jr.

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-14-08

9. AGE last birthday: 41 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Elec. & Power Dist.

11. BIRTHPLACE (State or foreign country): Cambridge, Md. R.F.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel C. Lowe

14. MOTHER'S MAIDEN NAME: Emma Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-07-7258

17. INFORMANT: Mrs. Frances Slacum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	10 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	7
260 X 61	(c) Diabetes Mellitus	2 days+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1950, to 8-31, 1950, that I last saw the deceased alive on 8-31, 1950, and that death occurred at 7:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldridge H. Wolff M.D. ADDRESS: Cambridge Md. DATE SIGNED: 9-2-50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 9-3-50; NAME OF CEMETERY OR CREMATORY: East New Market; LOCATION (City, town, or county) (State): East New Market Md.

DATE REC'D BY LOCAL REG.: Sept. 7, 1950; REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Kenneth L. Thomas, ADDRESS: Cambridge Maryland

98880

RECEIVED
SEP 8 1961
BUREAU OF

08140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neck District — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neck District
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)	(First) NELLIE	(Middle) KIRWAN	(Last) MARSHALL	4. DATE OF DEATH	(Month) August (Day) 11 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8/12/1893	9. AGE last birthday 56 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas James Kirwan		14. MOTHER'S MAIDEN NAME Ella V. Clarage			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Samuel Edward Marshall			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Cerebral Hemorrhage Rt.	2 hours
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Myocardial Disease.	12 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity Hypopituitary

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1941, to 8/11, 1950, that I last saw the deceased alive on 8/11, 1950, and that death occurred at 6:30A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD. ADDRESS CAMBRIDGE Md DATE SIGNED 8/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF AUG 13/50	NAME OF CEMETERY OR CREMATORY Speddens Cemetery	LOCATION (City, town, or county) (State) James, Maryland
DATE REC'D BY LOCAL REG. Aug. 17, 1950	REGISTRAR'S SIGNATURE John Mace Jr., M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland	ADDRESS

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VS. A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08141

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; LENGTH OF STAY (in this place) 6 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Oakley Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge; STREET ADDRESS (If rural, give location) 309 Oakley Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ADELANE (Last) MILLS

4. DATE OF DEATH: (Month) AUG (Day) 20 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stewart

14. MOTHER'S MAIDEN NAME: Mary Vickers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. W. C. Johnston, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X **Immediate cause** (a) Anaemia — 1 week

131b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis — 4 yrs.

(c) Anasarca Edema — 3 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: none

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 7-15, 1950, to 8-20, 1950, that I last saw the deceased alive on 8-20, 1950, and that death occurred at 11.55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gilbert Emerson M.D. Cambridge, Md. 8-21-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/22/50 — NAME OF CEMETERY OR CREMATORY: Christ Church — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Aug. 24, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service, Cambridge, Md.

VS-A15

RECEIVED
AUG 28 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08142

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market R.D. 1
LENGTH OF STAY (In this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market R.F.D.
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Parker (Last) Poole
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-23-1880	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant owner & operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dorchester Co
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George W. Poole
14. MOTHER'S MAIDEN NAME Emma Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Julia Poole, East New Market Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Jaundice of unknown etiology — 3 weeks

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr. (Degree or title) M.D. ADDRESS Cambridge, Md. Deputy Medical Examiner DATE SIGNED 8/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	8-7-50	Hill Crest	Federalsburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 7, 1950	John Mace, Jr., M.D.	Kenneth R. Thomas	Cambridge

15671 Md

VS. A15A

RECEIVED
AUG 9 1950
BUREAU V. S

08143

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Secretary — LENGTH OF STAY (In this place): Six Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Secretary
STREET ADDRESS: (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Johanna (Middle) Coors (Last) Renaud
4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: 2/4/1872
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? W.S.A.
13. FATHER'S NAME: Gerard Coors
14. MOTHER'S MAIDEN NAME: Elizabeth Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs W. A. Murphy (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) cerebral hemorrhage

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Injury to spine by earn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ago. Bedridden since

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1950, to Aug 8, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: R. D. Brown, M.D. (Degree or title) — ADDRESS: East New Market, Md — DATE SIGNED: Aug 11, 1950

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: 8/11/1950 — NAME OF CEMETERY OR CREMATORY: Our Lady of Good Counsel — LOCATION (City, town, or county) (State): Secretary, Dor, Md.

DATE REC'D BY LOCAL REG.: Aug 10, '50 — REGISTRAR'S SIGNATURE: Elizabeth C Smith — 24. FUNERAL DIRECTOR: F B Willoughby — ADDRESS: East New Market

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

118144

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Alfred (Last) Rickwood
4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2/4/1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Corn Farm
11. BIRTHPLACE (State or foreign country): Kent England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Rickwood
14. MOTHER'S MAIDEN NAME: Sorya (don't know)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dudley Rickwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X — Immediate cause (a) RIGHT. CEREBRAL HOMORRHAGE — 2 days.

Antecedent cause(s)

83a — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS — ?

(c) Prostatic Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTROPHIC ARTHRITIS — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1950 to 8/5, 1950, that I last saw the deceased alive on 8/5, 1950, and that death occurred at 4:25 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. L. Clarke M.D. ADDRESS Cambridge Md. DATE SIGNED 8/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE Aug. 8, 1950 — NAME OF CEMETERY OR CREMATORY East New Market Cemet. — LOCATION (City, town, or county) East New Market Dor. Md. — (State)

DATE REC'D BY LOCAL REG. Aug. 10, 1950 — REGISTRAR'S SIGNATURE John Mace, Jr. M.D. — 24. FUNERAL DIRECTOR Luther S. Hellerbrog — ADDRESS East New Market Md

VS-A15

RECEIVED
AUG 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08145

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) | HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Dor | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | STREET ADDRESS (If rural, give location) 15 Trenton St.

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) F. (Last) Stewart

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-6-1900

9. AGE last birthday: 50 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hooperville

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Franklin Stewart

14. MOTHER'S MAIDEN NAME: Victoria Meeking

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY No.: 217-10-8939

17. INFORMANT AND ADDRESS: Albert Stewart Bayly Road Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	4 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Bladder	3 years
	(c) Generalized Carcinomatosis	8 mo.

181X

52b

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-15-47

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder TC Complete Resection of Bladder

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1947, to 8-13, 1950, that I last saw the deceased alive on 8-13, 1950, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldridge H. Leffler | ADDRESS: Cambridge Md | DATE SIGNED: 8-16-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8-16-50 | NAME OF CEMETERY OR CREMATORY: Greenlawn | LOCATION (City, town, or county): Cambridge | (State): Md.

DATE REC'D BY LOCAL REG.: Aug. 17, 1950 | REGISTRAR'S SIGNATURE: John Mace, J., M.D. | 24. FUNERAL DIRECTOR: Kenneth R. Douglas | ADDRESS: Cambridge Md.

900 49

RECEIVED
AUG 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08146

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Willis Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 410 Willis Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RIDA	JOHNSON	WILLEY	August	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	AUG 6/1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Maryland	U.S.A.

13. FATHER'S NAME: Aaron H. Johnson
14. MOTHER'S MAIDEN NAME: George Ann Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		none	George E. Willey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Thrombosis	10 days
940a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	1 Yr.
		(c) Pedema Pulmonum	1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
none			m.		

22. I hereby certify that I attended the deceased from July 29, 1950, to Aug 16, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 10.45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gilbert Emerson M.D.		Cambridge Md	8-17-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	AUG 18/1950	Dorchester Memorial Park	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 19, 1950	John Mace, Jr., M.D.	LeCompte Funeral Service,	Cambridge, Maryland

RECEIVED
AUG 21 1950
BUREAU V. S

08147

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cambridge
LENGTH OF STAY (in this place) 4½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton (Rural)
STREET ADDRESS (If rural, give location) R. W. #3

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Benjamin (Last) Wooters

4. DATE OF DEATH (Month) August (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-23-26
9. AGE last birthday 24 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pt. Rosewood & thru E.S.S.H.
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Denton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME John W. Wooters
14. MOTHER'S MAIDEN NAME Jessie Olivia Greenlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Records of Eastern Shore State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to drowning	5 mins.
850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
172	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Feebleminded (IQ.-63) — Life

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Choptank River (CITY OR TOWN) near Cambridge (COUNTY) Dorchester (STATE) Md.
TIME OF INJURY (Month) Aug. (Day) 24 (Year) 1950 (Hour) approx 11:Am.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell overboard while trying to crab

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Wolff (Degree or title) MD Assist. Deputy Medical Examiner. ADDRESS Cambridge, Md. DATE SIGNED 8-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 28-50
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. Aug. 31, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

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VS. A15A

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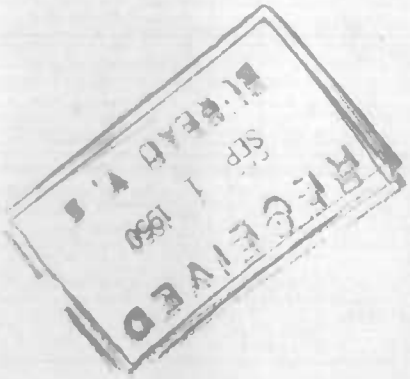
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